S-3253

16

Amend the amendment, S-3239, to House File 646, 2 as amended, passed, and reprinted by the House, as 3 follows:

- 4 l. Page 9, line 34, by striking <ACCOUNT> and 5 inserting <FUND>
- 6 2. Page 9, line 36, by striking <account> and 7 inserting <fund>
- 8 3. Page 9, line 45, by striking <ACCOUNT> and 9 inserting <FUND>
- 10 4. Page 9, line 47, by striking <account> and 11 inserting <fund>
- 12 5. Page 10, line 16, by striking <ACCOUNT> and 13 inserting <FUND>
- 14 6. Page 10, line 17, by striking <account> and 15 inserting <fund>
 - 7. Page 21, after line 43 by inserting:
- 17 <Sec. __. Section 249A.7, Code 2011, is amended to 18 read as follows:

19 **249A.7** Fraudulent practices — investigations and 20 audits — Medicaid fraud account fund.

- 1. A person who obtains assistance or payments for medical assistance under this chapter by knowingly making or causing to be made, a false statement or a misrepresentation of a material fact or by knowingly failing to disclose a material fact required of an applicant for aid under the provisions of this chapter and a person who knowingly makes or causes to be made, a false statement or a misrepresentation of a material fact or knowingly fails to disclose a material fact concerning the applicant's eligibility for aid under this chapter commits a fraudulent practice.
- 2. The department of inspections and appeals
 33 shall conduct investigations and audits as deemed
 34 necessary to ensure compliance with the medical
 35 assistance program administered under this chapter.
 36 The department of inspections and appeals shall
 37 cooperate with the department of human services
 38 on the development of procedures relating to such
 39 investigations and audits to ensure compliance with
 40 federal and state single state agency requirements.
- 3. A Medicaid fraud account fund is created in the quentral fund of the state under the authority of the department of inspections and appeals. Moneys from penalties and other amounts received as a result of prosecutions involving the department of inspections and appeals investigations and audits to ensure compliance with the medical assistance program that are not credited to the program may be credited to the account fund. Notwithstanding sections 8.33 and 8.39, moneys credited to the account fund shall not

1 revert to any other account or fund and are not subject 2 to transfer except as specifically provided by law. 3 Moneys in the fund shall be used for costs associated 4 with the department of inspections and appeals' 5 efforts to address medical assistance program fraud 6 and abuse and for costs incurred by the department of 7 inspections and appeals or other agencies in providing 8 regulation, responding to allegations, or other 9 activity involving chapter 1350. The department of 10 inspections and appeals and other agencies receiving 11 moneys from the account fund shall provide a joint 12 annual report to the governor and general assembly 13 detailing the expenditures from the account fund and 14 activities performed relating to the expenditures. 15 This subsection is repealed on July 1, 2012. Any 16 remaining balance of unencumbered or unallocated moneys 17 in the Medicaid fraud account in existence prior to 18 July 1, 2011, shall not revert but shall be deposited 19 into the Medicaid fraud fund and used as provided in 20 this section.>

8. By renumbering as necessary.

PAM JOCHUM